

## Application Information

## Applicant Information

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Fred  
Family Name:: Czuczak  
City of Residence:: Dayton  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 51 Stanley Avenue  
City of mailing address:: Dayton  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08810

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Vickie  
Family Name:: Lentner  
City of Residence:: Hunterdon  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 66 Park Avenue  
City of mailing address:: Washington  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07882

#### **Correspondence Information**

Correspondence Customer Number:: 07278

#### **Representative Information**

Representative Customer Number:: 07278

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/458,822	03/28/03

**Assignee Information**

Assignee name:: Lonza Inc.  
Street of mailing address:: 17-17 Route 208  
City of mailing address:: Fair Lawn  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07410